

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

☐ Check if this report is an amendment

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE
THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE

1. Name of Candidate Kenneth Henderson

Address
311 Hickey Hills Drive

City, State and Zip
Russellville, AR 72802

Phone Number: 479-970-8432

Office Sought State Representative

District Number: 71

Does the candidate have a campaign committee? () Yes (XX) No

If yes, complete the following:

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

FILED
(Secretary of State File Stamp)

JUL 17 2017

Arkansas
Secretary of State

2. Type of Election: (check one only) Year of Election: 2018

☒ Primary ☐ Primary Runoff ☐ General ☐ General Runoff ☐ Special

3. Type of Report: (check one only)

This report covers what period? (04-01-2017) through (60-30-2017)

☐ 10 Day Preelection

☐ January Monthly

☐ June Monthly

☐ November Monthly

First Quarter (due April 15)

☐ February Monthly

☐ July Monthly

☐ December Monthly

☒ Second Quarter (due July 15)

☐ March Monthly

☐ August Monthly

☐ Third Quarter (due October 15)

☐ April Monthly

☐ September Monthly

☐ Fourth Quarter (due January 15)

☐ May Monthly

☐ October Monthly

SUMMARY

FOR REPORTING PERIOD

CUMULATIVE TOTAL

4. Balance of campaign funds at beginning of reporting period

\$18,758.87

5. Interest (if any) earned on campaign account

0

6. Total Loans (enter total from line 12)

0

7. Total Monetary Contributions (enter total from line 18)

0

8. Total Expenditures (enter total from line 27)

\$300.00

9. Balance of campaign funds at close of reporting period

\$18,458.87

10. () NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for
(Legible Notary Seal)

OFFICIAL SEAL - #12693754
ABBI JOHNSON
NOTARY PUBLIC-ARKANSAS
PULASKI COUNTY
MY COMMISSION EXPIRES: 05-06-25

Notary Signature

My Commission Expires:

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

11. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
12. TOTAL LOANS DURING REPORTING PERIOD			\$

IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
14. TOTAL NONMONEY CONTRIBUTIONS				

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a contributor provides him with an item or service without charge or for a charge which is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print
(Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page				

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

REVISED 08/2015

ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50				
17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS				
18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 16 and 17)				

Ark. Code Ann. § 7-6-202 provides that a person who knowingly fails to comply with the provisions of subchapter 2 of chapter 6, Title 7 of the Arkansas Code shall upon conviction be guilty of a Class A misdemeanor.

REVISED 08/2015

Please Type or Print

[illegible]

21. PAID CAMPAIGN WORKERS

(Include any person you paid to work on your campaign, does not have to be full-time worker)

[illegible]

Please Type or Print
(Use additional copies of this page if necessary)

Note: All Expenditures Reflected on Lines 24, 25, and 26 Should Be Totaled by Category In Section 19



Plan Travel

Travel Information

AAdvantage



Thank you for making your reservation on AA.com!

**Are you ready to earn miles on this flight?**

AAdvantage members use their miles for flights, hotels, cars and more.

JOIN NOW »**Your trip is booked**

Once the status of your trip is 'Ticketed,' you'll receive a confirmation email and can print your itinerary and receipt on aa.com (usually within 3 hours).

Little Rock to Boston**1 Adult****Saturday August 5, 2017 - Friday August 11, 2017****Your Trip Price:****\$910.97 USD****AA Record Locator****NEENON**

Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.

Reservation Name**LIT/BOS****Status: Ticket Pending**

Flight	Depart	Arrive
American Airlines 5081 Operated by PSA Airlines As American Eagle Create Notification	Little Rock (LIT) August 5, 2017 07:45 AM Travel Time : 2 h 6 m Class : Economy Seat : 18C	Charlotte (CLT) August 5, 2017 10:51 AM Booking Code : G Plane Type : CR9
American Airlines 1805 Create Notification	Charlotte (CLT) August 5, 2017 11:35 AM Travel Time : 2 h 15 m Class : Economy Seat : 40D	Boston (BOS) August 5, 2017 01:50 PM Booking Code : G Plane Type : 320
American Airlines 1530 Create Notification	Boston (BOS) August 11, 2017 05:30 PM Travel Time : 3 h 5 m Class : Economy Seat : 14F	Chicago (ORD) August 11, 2017 07:35 PM Booking Code : V Plane Type : 738
American Airlines 3623 Operated by Envoy Air As American Eagle Create Notification	Chicago (ORD) August 11, 2017 08:10 PM Travel Time : 1 h 47 m Class : Economy Seat : 12A	Little Rock (LIT) August 11, 2017 09:57 PM Booking Code : V Plane Type : E75

Fare Amount**Adult**
1 x \$651.15 USD \$651.15 USD**Trip Options****Main Cabin Extra** \$166.88 USD**Taxes & Carrier-Imposed Fees****Taxes** \$92.94 USD**Carrier-Imposed Fees** \$0.00 USD**Flight Subtotal****\$910.97 USD****Hotel Offers**

Book your hotel with us and earn up to 10,000 miles per night

Powered by
Booking.com

Destination/Hotel Name:

Check-in

Check-out


Boston

08/05/2017

08/11/2017


Search 

Three-Bedroom on Hamilton Place Apt 305


From
\$4,790 

YOTEL Boston

★★★★


From
\$1,674 

One-Bedroom on St. Botolph Street Apt 10

From
\$1,941 More hotel
offers 

Baggage Information

Baggage Charges (per person)

Based on your travel, one airline is designated as the Most Significant Carrier, and that airline's baggage allowances and charges apply to your entire journey.
Other Baggage and Optional Charges 

Carry-On Baggage

Cost (USD)

Size*

Additional Info

American Airlines
Domestic

1st Carry-On

No Charge

36 din / 91 dcm

Includes: purse, briefcase, laptop bag or similar item that must fit under the seat in front of you.



2nd Carry-On

No Charge

45 din / 114 dcm

Maximum dimensions not to exceed:
22" long x 14" wide x 9" tall (56 x 35 x 23 cm)

Checked Baggage

Cost (USD)

Size*

Weight

American Airlines



1st Bag

\$25

62 din / 158 dcm

Under 50 lbs/ 23 kgs



2nd Bag

\$35

62 din / 158 dcm

Under 50 lbs/ 23 kgs

*Dimensional Size is calculated as follows: (Length + Width + Height)

Passenger Summary

Save time at the airport! Add your travel information below to check-in online.

KENNETH HENDERSON



No Further Information required to travel

Trip Contact Information

We may need to contact you in the event there is important information relevant to your trip. Please enter your cell phone number. This information will not be used for marketing purposes.

1

Area Code and Number

Summary

All information required for
online check-in has been
provided.Online check-in will be
available 24 hours prior to
your departure.

Secure Flight Information

Frequent Flyer Number

Not an AAdvantage member?

Trip insurance

Insurance Offer Declined**Allianz Global
Assistance**

It's not too late! Trip Insurance from Allianz Global Assistance helps protect against expenses should you be required to cancel or interrupt your trip due to medical or other covered reasons affecting you or your family members. To purchase trip insurance or to learn more, visit [Travel Insurance From Allianz Global Assistance](#) or call Allianz Global Assistance directly at 1-800-628-5404.